

Please complete the following information and return it to school. (ALL fields must be completed.)

PERSONAL INFORMATION

Name: Grade: Homeroom:

Address: City: Zip Code:

Date of Birth:

Was the child born in the United States? Yes No State Born in: County: City: No Where was the child born:

Does the child have an IEP or 504 plan? Yes No Disability? Does the child have an ILP or ILP-D? Yes No

Is the child currently in foster care? Yes No

Ethnicity: (please choose one) American Indian/Alaska Native Asian Black or African American Hispanic Native Hawaiian/Pacific Islander Two or More White

Race: American Indian/Alaskan Native Asian Black or African American Native Hawaiian/Pacific Islander White

Does your child currently have an active court order pertaining to custody, etc? Yes No If so, the school must have an official copy of the court order to properly enforce.

Residence of Child (Please check only one of the following): House/Apartment/Mobile Home owned/rented by the child's guardian Shelter/Transitional Housing Doubled Up (Living with another family member due to economic reasons) Hotel/Motel Unsheltered (Cars, Parks, Campground, Temporary Trailer, Abandoned Building)

FAMILY INFORMATION

Father/Stepfather/Guardian (First Name/Last Name): Lives with Yes No

Father's Home Phone: Work Phone: Cell Phone:

Mother/Stepmother/Guardian (First Name/Last Name): (Maiden Name):

Mother's Home Phone: Work Phone: Cell Phone:

Additional Contact Person(s) if parents cannot be reached:

Person: Phone Number:

Person: Phone Number:

Who does the child live with? Both Parents Mother Father

If either/or both parents are actively in the armed forces, please check one of the following: Active Duty Military Dependent (4) National Guard Military Dependent (5) Reserve Military Dependent (6)

PREVIOUS SCHOOL INFORMATION

Last School Attended: School Phone Number:

Address: City: Zip Code:

Has your child ever been enrolled in a Tennessee school? Yes No If yes, please complete the information below.

Same As Above

School Name: School Phone Number:

School Address: City: Zip Code:

**Please complete the following information and return it to school. (ALL fields must be completed.)**

**MEDICAL INFORMATION**

List any allergies or medications: \_\_\_\_\_

\*If the child has serious medical concerns, please make arrangements to see the school nurse, as well as advise the homeroom teacher. This is very important to the wellbeing of your child.

In case of illness, accident, or injury during school hours, and I cannot be reached, a responsible adult has my permission to take the following action: (Check one):

Take my child to a medical facility for treatment. I hereby authorize medical personnel to examine and treat my child.

(Other) \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**OTHER INFORMATION**

Is your child going to be a car rider?

Yes  No

(This does not include picking them up early from the front office.) (Does not apply to pre-K)

List the names of adults that could pick your child up through the car rider line:

- 1.
- 2.
- 3.

What bus will your child ride? \_\_\_\_\_

List siblings that currently attend Grainger County Schools, please include grade level:

- 1.
- 2.
- 3.
- 4.

\*BAD WEATHER PLAN: Please discuss with your child what he/she is to do in case school is dismissed early due to bad weather or other reasons. Grainger County Schools will notify parents using the automated "School Messenger" system.

**Please choose below the plan your child is to follow during an early release for bad weather or any other reason. This is the plan the faculty and staff will follow unless notified otherwise by the parent/ guardian.**

\_\_\_\_ Ride Regular Bus# \_\_\_\_\_ Be a Car Rider \_\_\_\_\_ Be Picked Up By: \_\_\_\_\_

\_\_\_\_ Ride Bus# \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ Other, please explain: \_\_\_\_\_

**RELEASE AUTHORIZATION**

In case of emergency, such as an accident, illness, school dismissal, or other times that a parent/guardian cannot be reached/cannot pick up a child at school, I hereby authorize the following person(s) to pick up my child:

**\*Note: Person or Persons will be required to provide identification to school personnel when signing your child out of school.**

PLEASE PRINT NAME(S) OF AUTHORIZED PERSONS BELOW:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This signature certifies that all information provided on the form is accurate. I understand that changes in any information must be reported to the school within 24 hrs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Grainger County Schools prohibit discrimination in all its programs and activities on the basis of race, color, national origin, gender, disability, or age.*